

## Hello Latin America & Canada!

Check out *your* website at: <http://tricare15.army.mil>



- **The FY 2003 Spring POC Conference – After Action Update**
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### **The FY 2003 Spring POC Conference – After Action Update**

The following FY2003 TLAC Remote POC Conference Action Item have been *closed*:

5. Receiving Reimbursement Checks Up To 60 Days After Disbursement.
6. Large vs. Small Pouch Mail From WPS.
14. Add HIPAA notice to TLAC and WPS Fax Cover Sheets.

More than 90 % of the conference presentations are now available on the TLAC website at:  
[http://tricare15.army.mil/POC\\_Conference/confpresent15.htm](http://tricare15.army.mil/POC_Conference/confpresent15.htm).

We are looking at extending the conference in 2004 to facilitate a TRICARE Overseas Basic Course.

### **The Health Insurance Portability and Accountability Act (HIPAA) of 1996**

As TRICARE Points of Contact, you must all communicate Individually Identifiable Health Information (IIHI) and Protected Health Information (PHI). It is important to understand the need to safeguard an individual's HIPAA and Privacy Act information. To help with this understanding there are two PowerPoint Presentations on the TLAC website at: [http://tricare15.army.mil/HIPAA\\_EntryForm.cfm](http://tricare15.army.mil/HIPAA_EntryForm.cfm).

**ALL POCs must go to the website and follow the login information and review the two presentations. Please do this at your earliest convenience. Call the TLAC Support Office if you have any questions.**

### **Active Duty Claim Submission to The TLAC Support Office**

We have been receiving numerous faxes from POCs and service members for reimbursement of civilian medical care claims for active duty service members on the wrong form. The latest form was updated on 27 March 2002. Please ensure you are using the correct form, (attached).

A puzzling number of active duty service members are continuing to pay "out-of-pocket" for healthcare! We have received an average of 57 per month over the last 6 months. This is an unnecessary financial burden on these service members that can be avoided by contacting International SOS toll free or collect to coordinate and guarantee payment for healthcare. Other benefits of using the ISOS benefit is 24/7 medical advice and coordination of care services both in-country and, if necessary, in CONUS.

### **TRICARE Pharmacy Information**

We are receiving many requests for reimbursement of 'Over-the-Counter' medications such as Vitamin C and Tylenol that may not have commonly known names. These medications are not reimbursable. For more information on what TRICARE will not cover, see the excerpt from the TRICARE website below:

**"What TRICARE Will Not Cover At A Retail Pharmacy:**

The most commonly used prescription drugs that are excluded from the TRICARE benefit by statute or regulation are smoking cessation products, weight reduction products, infertility drugs used in conjunction with non-coital reproductive technologies, food supplements, vitamins, drugs prescribed for cosmetic purposes, and over-the-counter products (except insulin and diabetic supplies). Note that Medicare provides primary coverage for blood glucose meters, test strips, lancets, lancet devices and glucose control solutions.)"

More Pharmacy information is available on the TRICARE website at: <http://www.tricare.osd.mil/pharmacy/default.cfm>. Many TRICARE beneficiaries could be using the TRICARE Mail Order Pharmacy for their medications! They could have their long-term medications for allergy, high blood pressure, etc., sent direct to their mailbox if their provider meets the requirements.

WPS Customer Service Phone Numbers for TRICARE Overseas are 608.301.2310 and 608.301.2311

# A New Disease Called SARS

Severe acute respiratory syndrome (SARS) is a respiratory illness that has recently been reported in Asia, North America, and Europe. This fact sheet provides basic information about the disease and what is being done to combat its spread. To find out more about SARS, go to [www.cdc.gov/ncidod/sars/](http://www.cdc.gov/ncidod/sars/) and [www.who.int/csr/sars/en/](http://www.who.int/csr/sars/en/). The Web sites are updated daily.

## Symptoms of SARS

In general, SARS begins with a fever greater than 100.4°F [ $>38.0^{\circ}\text{C}$ ]. Other symptoms may include headache, an overall feeling of discomfort, and body aches. Some people also experience mild respiratory symptoms. After 2 to 7 days, SARS patients may develop a dry cough and have trouble breathing.

## How SARS spreads

The primary way that SARS appears to spread is by close person-to-person contact. Most cases of SARS have involved people who cared for or lived with someone with SARS, or had direct contact with infectious material (for example, respiratory secretions) from a person who has SARS. Potential ways in which SARS can be spread include touching the skin of other people or objects that are contaminated with infectious droplets and then touching your eye(s), nose, or mouth. This can happen when someone who is sick with SARS coughs or sneezes droplets onto themselves, other people, or nearby surfaces. It also is possible that SARS can be spread more broadly through the air or by other ways that are currently not known.

## Who is at risk for SARS

Most of the U.S. cases of SARS have occurred among travelers returning to the United States from other parts of the world with SARS. There have been very few cases as a result of spread to close contacts such as family members and health care workers. Currently, there is no evidence that SARS is spreading more widely in the community in the United States.

## What CDC is doing about SARS

CDC is working closely with the World Health Organization (WHO) and other partners in a global effort to address the SARS outbreak. For its part, CDC has taken the following actions:

- Activated its Emergency Operations Center to provide round-the-clock coordination and response.
- Committed more than 300 medical experts and support staff to work on the SARS response.
- Deployed medical officers, epidemiologists, and other specialists to assist with on-site investigations around the world.
- Provided ongoing assistance to state and local health departments in investigating possible cases of SARS in the United States.
- Conducted extensive laboratory testing of clinical specimens from SARS patients to identify the cause of the disease.
- Initiated a system for distributing health alert notices to travelers who may have been exposed to cases of SARS.

## CDC RECOMMENDATIONS

CDC has issued recommendations and guidelines for people who may be affected by this outbreak.

### For individuals considering travel to areas with SARS:

CDC has issued two types of notices to travelers: advisories and alerts. A *travel advisory* recommends that nonessential travel be deferred; a *travel alert* does not advise against travel, but informs travelers of a health concern and provides advice about specific precautions. CDC updates information on its website on the travel status of other [areas with SARS](#) as the situation evolves.

### For individuals who must travel to an area with SARS:

CDC advises that travelers in an area with SARS should wash their hands frequently to protect against SARS infection. In addition, CDC advises that travelers may wish to avoid close contact with large numbers of people as much as possible to minimize the possibility of infection. CDC does not recommend the routine use of masks or other personal protective equipment while in public areas. For more information, read the Interim Guidelines about Severe Acute Respiratory Syndrome (SARS) for [Persons Traveling to Areas with SARS](#).

### For individuals who think they might have SARS:

People with symptoms of SARS (fever greater than 100.4°F [ $>38.0^{\circ}\text{C}$ ] accompanied by a cough and/or difficulty breathing) should consult a health-care provider. To help the health-care provider make a diagnosis, tell them about any recent travel to places where SARS has been reported or whether there was contact with someone who had these symptoms.

### For family members caring for someone with SARS:

CDC has developed [interim infection control recommendations for patients with suspected SARS in the household](#). These basic precautions should be followed for 10 days after respiratory symptoms and fever are gone. During that time, SARS patients are asked to limit interactions outside the home (not go to work, school, or other public areas).

### For health-care workers:

Transmission of SARS to health-care workers appears to have occurred after close contact with sick people before recommended infection control precautions were put into use. CDC has issued [interim infection control recommendations for health-care settings](#) as well as for the [management of exposures to SARS in health-care and other institutional settings](#).

For more information, visit [CDC's SARS Web site](#), or call the CDC public response hotline at (888) 246-2675 (English), (888) 246-2857 (Español), or (866) 874-2646 (TTY)

## CHOLESTEROL AND HEART DISEASE I.Q.

Prepared by the National Heart, Lung, and Blood Institute  NATIONAL INSTITUTES OF HEALTH

**Are you cholesterol smart? Test your knowledge about high blood cholesterol with the following statements. Circle each true or false. The answers are given on the back of this sheet.**

- |  |     |
|--|-----|
| 1. High blood cholesterol is one of the risk factors for heart disease that you can do something about.  | T F |
| 2. To lower your blood cholesterol level you must stop eating meat altogether.   | T F |
| 3. Any blood cholesterol level below 240 mg/dL is desirable for adults.  | T F |
| 4. Fish oil supplements are recommended to lower blood cholesterol.  | T F |
| 5. To lower your blood cholesterol level you should eat less saturated fat, total fat, and cholesterol, and lose weight if you are overweight. | T F |
| 6. Saturated fats raise your blood cholesterol level more than anything else in your diet.   | T F |
| 7. All vegetable oils help lower blood cholesterol levels.   | T F |
| 8. Lowering blood cholesterol levels can help people who have already had a heart attack.  | T F |
| 9. All children need to have their blood cholesterol levels checked.   | T F |
| 10. Women don't need to worry about high blood cholesterol and heart disease.  | T F |
| 11. Reading food labels can help you eat the heart healthy way.  | T F |

### Answers to the Cholesterol and Heart Disease I.Q. Quiz

1. **True.** High blood cholesterol is one of the risk factors for heart disease that a person can do something about. High blood pressure, cigarette smoking, diabetes, overweight, and physical inactivity are the others.
2. **False.** Although some red meat is high in saturated fat and cholesterol, which can raise your blood cholesterol, you do not need to stop eating it or any other single food. Red meat is an important source of protein, iron, and other vitamins and minerals. You should, however, cut back on the amount of saturated fat and cholesterol that you eat. One way to do this is by choosing lean cuts of meat with the fat trimmed. Another way is to watch your portion sizes and eat no more than 6 ounces of meat a day. Six ounces is about the size of two decks of playing cards.
3. **False.** A total blood cholesterol level of under 200 mg/dL is desirable and usually puts you at a lower risk for heart disease. A blood cholesterol level of 240 mg/dL is high and increases your risk of heart disease. If your cholesterol level is high, your doctor will want to check your level of LDL-cholesterol ("bad" cholesterol). A HIGH level of LDL-cholesterol increases your risk of heart disease, as does a LOW level of HDL-cholesterol ("good" cholesterol). An HDL-cholesterol level below 35 mg/dL is considered a risk factor for heart disease. A total cholesterol level of 200-239 mg/dL is considered borderline-high and usually increases your risk for heart disease. All adults 20 years of age or older should have their blood cholesterol level checked at least once every 5 years.
4. **False.** Fish oils are a source of omega-3 fatty acids, which are a type of polyunsaturated fat. Fish oil supplements generally do not reduce blood cholesterol levels. Also, the effect of the long-term use of fish oil supplements is not known. However, fish is a good food choice because it is low in saturated fat.
5. **True.** Eating less fat, especially saturated fat, and cholesterol can lower your blood cholesterol level. Generally your blood cholesterol level should begin to drop a few weeks after you start on a cholesterol-lowering diet. How much your level drops depends on the amounts of saturated fat and cholesterol you used to eat, how high your blood cholesterol is, how much weight you lose if you are overweight, and how your body responds to the changes you make. Over time, you may reduce your blood cholesterol level by 10-50 mg/dL or even more.
6. **True.** Saturated fats raise your blood cholesterol level more than anything else. So, the best way to reduce your cholesterol level is to cut back on the amount of saturated fats that you eat. These fats are found in largest amounts in animal products such as butter, cheese, whole milk, ice cream, cream, and fatty meats. They are also found in some vegetable oils--coconut, palm, and palm kernel oils.
7. **False.** Most vegetable oils--canola, corn, olive, safflower, soybean, and sunflower oils--contain mostly monounsaturated and polyunsaturated fats, which help lower blood cholesterol when used in place of saturated fats. However, a few vegetable oils--coconut, palm, and palm kernel oils--contain more saturated fat than unsaturated fat. A special kind of fat, called "trans fat," is formed when vegetable oil is hardened to become margarine or shortening, through a process called "hydrogenation." The harder the margarine or shortening, the more likely it is to contain more trans fat. Choose margarine containing liquid vegetable oil as the first ingredient. Just be sure to limit the total amount of any fats or oils, since even those that are unsaturated are rich sources of calories.
8. **True.** People who have had one heart attack are at much higher risk for a second attack. Reducing blood cholesterol levels can greatly slow down (and, in some people, even reverse) the buildup of cholesterol and fat in the wall of the coronary arteries and significantly reduce the chances of a second heart attack. If you have had a heart attack or have coronary heart disease, your LDL level should be around 100 mg/dL which is even lower than the recommended level of less than 130 mg/dL for the general population.
9. **False.** Children from "high risk" families, in which a parent has high blood cholesterol (240 mg/dL or above) or in which a parent or grandparent has had heart disease at an early age (at 55 years or younger), should have their cholesterol levels tested. If a child from such a family has a cholesterol level that is high, it should be lowered under medical supervision, primarily with diet, to reduce the risk of developing heart disease as an adult. For most children, who are not from high-risk families, the best way to reduce the risk of adult heart disease is to follow a low saturated fat, low cholesterol eating pattern. All children over the age of 2 years and all adults should adopt a heart healthy eating pattern as a principal way of reducing coronary heart disease.
10. **False.** Blood cholesterol levels in both men and women begin to go up around age 20. Women before menopause have levels that are lower than men of the same age. After menopause, a women's LDL-cholesterol level goes up--and so her risk for heart disease increases. For both men and women, heart disease is the number one cause of death.
11. **True.** Food labels have been changed. Look on the nutrition label for the amount of saturated fat, total fat, cholesterol, and total calories in a serving of the product. Use this information to compare similar products. Also, look for the list of ingredients. Here, the ingredient in the greatest amount is first and the ingredient in the least amount is last. So to choose foods low in saturated fat or total fat, go easy on products that list fats or oil first, or that list many fat and oil ingredients.